

AOA backs congressional move to crack down on illegal contact lens sales

Following up on a directive issued last month by AOA President Tommy Crooks, O.D., the AOA Washington Office mounted an active campaign with Congress and the Federal Trade Commission (FTC) to spotlight deficient and illegal prescription verification practices used by the Internet and mail order contact lens sales industry.

The AOA

Washington Office sought to build support for new legislation designed to fix the problem.

A bill addressing the issue, drafted by Rep. Ed Whitfield (R-KY) as the *Contact Lens Consumer Health Protection Act* (HR 6117), was introduced in September.

The action followed a Sept. 15 congressional hearing on contact lens sales issues during

which Wiley Curtis, O.D., representing the AOA, urged Congress to make new prescription verification safeguards for patients a top priority when changes to the *Fairness to Contact Lens Consumers Act* (FCLCA) are considered.

In developing HR 6117, Rep. Whitfield listened closely to the patient safety concerns detailed by ODs in his western Kentucky district and across the country.

"Prescription verification abuse by third-party contact lens vendors is a significant problem," said Rep. Whitfield. "Completing contact lens sales without properly verifying a patient's prescription is an unacceptable business practice and clearly contrary to the best interest of consumers' health."

Rep. Whitfield said, "My legislation will facilitate communication between doctors and third-party vendors, ensuring that patients receive products that are safe and compatible with their documented

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Whitfield leads crackdown on unscrupulous Internet contact lens sellers

U.S. Representative Ed Whitfield (R-KY), right, hosts a Sept. 27 meeting in his Capitol Hill office with Jon Hymes, AOA Washington Office director, to discuss his *Contact Lens Consumer Health Protection Act* (HR 6117), an AOA-backed bill to strengthen the contact lens prescription verification requirements for Internet and mail order sellers. Working closely with the AOA and the members of the Kentucky Optometric Association, Rep. Whitfield, chairman of the U.S. House Oversight and Investigations Subcommittee, introduced HR 6117 in response to complaints he received about deficient and illegal prescription verification practices by certain Internet contact lens sellers, including sales without verification of prescriptions, overfilling of prescriptions and the use of automated telephone "robo-calls" into optometric offices.



Rep. Joe Barton (R-TX), chairman of the U.S. House Energy and Commerce Committee, meets with his AOA Keyperson Wiley Curtis, O.D., of Arlington, TX, in advance of a congressional hearing on contact lens sales Sept. 15. Dr. Curtis represented the AOA at the hearing and called for a federal crackdown on unscrupulous Internet and mail order contact lens sellers for violations of prescription verification safeguards for patients.

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At A Glance: Visits to the eye doctor

Of Americans not using any form of vision correction, 62 percent have not been to an eye doctor in the past two years.

29 percent of all children have never been to an eye doctor.

Source: AOA's American Eye-Q survey™



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President's Column

AOA responds to CL verification problem with positive solutions

It's one thing to document when a system is broken. It's far better to come up with constructive solutions.

That's what AOA has done with the process of verifying contact lens prescriptions and ensuring patient health.

It's clear that, despite the enactment of the *Fairness to Contact Lens Consumers Act (FCLCA)*, and efforts by the Federal Trade Commission (FTC) to enforce the act, we are still faced with unscrupulous contact lens sellers who disregard patient health in favor of a quick sale.

Violations of the law have been plentiful, and we've turned the documentation of these violations over to the FTC. To their credit, they have been diligent in issuing warning letters to companies that are not complying with the law.

But there comes a time when you realize that the law needs major revision.

Ever since the FCLCA was enacted, ODs have been following the rules. The FTC has found that optometrists are complying with the law and releasing prescriptions as required.

On the other hand,

the contact lens sellers have been dancing around the law, making prescription verification difficult, playing games with expiration dates and making the process as difficult and time-consuming for eye doctors as possible.

We appreciated the opportunity to share our concerns in testimony before Congress.

Now, we've worked with key congressmen to introduce legislation that addresses the ongoing problems.

Working closely with local optometrists, the Kentucky Optometric Association and the AOA, Rep. Ed Whitfield (R-KY) has just introduced the *Contact Lens Consumer Health Protection Act*, (HR 6117), amending the FCLCA.

HR 6117 seeks to improve the FCLCA's ability to provide an efficient means for patients to safely purchase their contact lenses.

Reps. Charlie Norwood (R-GA), John Boozman, O.D. (R-AR), Ron Lewis (R-KY), Ralph Hall (R-TX), Connie Mack (R-FL) and Tom Allen (D-ME) are original sponsors of the bill.

Here is a summary of the provisions of HR 6117 and how those pro-

visions address ongoing problems:

❖ In response to the ability of optometrists to communicate patient safety concerns to contact lens sellers, the bill would require each seller to establish a toll-free telephone/e-mail patient safety hotline for optometrists to communicate patient health concerns related to prescription verification requests.

A communication from an optometrist to the patient safety hotline would suspend the eight-business hour verification period until the specified health concerns are addressed.

❖ In response to barriers to prescription verification used by certain contact lens sellers, including the use of automated telephone "robo-calls" into optometric offices, the bill would allow optometrists to specify to sellers their preference for fax, e-mail or telephone prescription verification contacts.

Sellers would be required to make available at least two of the communication choices.

❖ In response to complaints about deficient prescription verification practices, the bill would increase the penalties

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Dr. Crooks

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medical history.”

According to the AOA Advocacy Group, the Whitfield bill seeks to strengthen consumer safeguards on the contact lens prescription verification practices being used by third-party vendors that allow for orders to be filled without a prescription or overfilled beyond what was directed by an eye doctor.

In putting the needs of patients first, Rep. Whitfield’s HR 6117 is aimed at putting a stop to the use of automated telephone system “robocalls” by sellers into the offices of eye doctors and increasing fines to be imposed by the Federal Trade Commission on online and mail order sellers who violate the law.

“Contact lenses are regulated medical devices requiring a valid prescription from a licensed doctor. Third-party vendors that overfill prescriptions or who do not verify the prescriptions they are filling endanger the health and welfare of the customers they purport to serve. My legislation will ensure the proper balance of consumer choice and the health and safety of the American public,” added Whitfield.

The AOA, the Kentucky Optometric Association and the American Academy of Ophthalmology have formally endorsed HR 6117.

As AOA News went to press, the bill’s co-sponsor list included Reps. John Boozman, O.D., (R-AR); Charlie Norwood (R-GA); Tom Allen (D-ME); Ralph Hall (R-TX); Ron Lewis (R-KY); Marsha Blackburn (R-TN); Mike Ross (D-AR); and Connie Mack (R-FL).

Many of the Whitfield bill’s provi-

sions are being opposed by the biggest Internet contact lens seller, 1-800 Contacts, Inc.

Over the last two years, the Utah-based company has mounted an aggressive, multi-million dollar lobbying campaign in Washington, DC, and state capitals seeking to compel changes to how manufacturers may market limited distribution contact lenses.

In 2005, a 1-800 Contacts-backed “channels of distribution” provision inserted in a congressional appropriations bill was defeated.

A similar appropriations provision – based on legislation sponsored by Sen. Robert Bennett (R-UT) – continues to receive consideration in

“Contact lenses are regulated medical devices requiring a valid prescription from a licensed doctor. Third-party vendors that overfill prescriptions or who do not verify the prescriptions they are filling endanger the health and welfare of the customers they purport to serve.”

the Senate.

According to the AOA Advocacy Group, in order for the U.S. House of Representatives to recognize the urgent need to strengthen prescription verification safeguards and fully protect optometric patients, congressional co-sponsors must be added to HR 6117.

“Congressman Whitfield listened to optometry’s concerns and has taken action to put a stop to prescription verification abuses by unscrupulous Internet and mail order contact lens sellers,” said Jon Hymes, AOA Washington Office director.



Flanking Senate Minority Leader Harry Reid (D-NV) are AOA-PAC Director Noel Brazil, Associate General Counsel Elizabeth Ortmann-Vincenzo, AOA General Counsel Lance Plunkett, J.D., and Law Student Intern Brent Sumner.

“Unfortunately, some sellers are still not getting the message and may not change their ways until legislation is passed. That’s why it’s so important for concerned ODs and patients across the coun-

contact lens consumers across America,” Dr. Ellis said.

“It’s a sad and disturbing fact that certain Internet and mail order contact lens sellers are putting their profits ahead of our patients,” said Dr. Crooks.

“Thanks to Rep. Whitfield’s leadership, Congress can take action to ensure that the interests of patients come first.”

Over the last year, optometrists, consumers, manufacturers and even sellers themselves have reported serious violations of the law by Internet and mail order contact lens sales companies.

In October, the Federal Trade Commission (FTC) issued a formal warning letter to 1-800 Contacts after evaluating complaints about its prescription verification practices.

In late June of this year, the FTC issued a series of 18 warning letters to sellers of cosmetic contact lenses for failure to comply with the requirements of the *Fairness to Contact Lens Consumers Act* based on statements on the sellers’ Web sites.

More recently, in August, the FTC imposed formal sanctions on Walsh Optical, an Internet contact lens seller.

try to urge their representatives to support Congressman Whitfield’s bill and to put patient safety first.”

“Doctors, patients, manufacturers and even sellers themselves have reported serious violations of the law by Internet and mail order contact lens sales companies,” said Joe Ellis, O.D., an optometrist in Benton, KY, and AOA trustee.

“By sponsoring legislation to crack down on unscrupulous contact lens sellers, Congressman Whitfield is taking decisive action to safeguard the eye health of my patients in western Kentucky and



Provisions of HR 6117

The AOA Advocacy Group released a summary of HR 6117:

❖ In response to barriers imposed by certain contact lens sellers restricting the ability of optometrists to communicate patient safety concerns, the bill would require establishment by each seller of a toll-free telephone/e-mail patient safety hotline for optometrists to communicate patient health concerns related to prescription verification requests.

A communication from an optometrist to the patient safety hotline would suspend the eight-business hour verification period until the specified health concerns are addressed.

❖ In response to the use of automated telephone "robo-calls" to optometric offices as a mechanism for prescription verification, the bill would

allow optometrists to specify to sellers their preference for fax, e-mail or telephone prescription verification contacts. Sellers would be required to make available at least two of the communication choices.

❖ In response to complaints about their deficient prescription verification practices, the bill would increase the penalties for *Fairness to Contact Lens Consumers Act* violations including fines to unscrupulous Internet and mail order sellers that could be imposed by the Federal Trade Commission (FTC) to \$100,000 per violation.

The bill further requires the FTC, with input from the FDA, to provide a report to Congress on seller verification abuses and the harm caused to consumers.



Wiley Curtis, O.D., testifies before the House subcommittee on Oversight and Investigations Sept. 15.

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for FCLCA violations including fines to unscrupulous Internet and mail order sellers that could be imposed by the Federal Trade Commission to \$100,000 per violation.

❖ The bill further requires the Federal Trade Commission, with input from the Food and Drug Administration, to provide a report to Congress on seller verification abuses and the harm caused to consumers.

❖ In order for the U.S. House of Representatives to recognize the urgent need to strengthen prescription verification safeguards and fully protect optometric patients, we need more congressional co-sponsors for HR 6117.

❖ Use the AOA online Legislative Action Center, at www.aoa.org, or other means, to contact your congressman/woman today to urge that he/she co-sponsor H.R. 6117.

In your message, provide your representative's office with details of the deficient or illegal sales practices you have seen used by

online or mail order sellers, including inaudible "robo-calls," contact lenses sold without verification of a prescription, overfilling of prescriptions and inability to communicate patient information to sellers.

❖ Also, provide relevant information from your communications with members of Congress and their staff to the AOA Washington Office. Please contact Alicia Kerry Jones, AOA assistant director of Government Relations, at akjones@aoa.org.

❖ As we have all seen, this is an issue that affects all of our practices and our patients on a daily basis. Now, thanks to our organization's pro-active advocacy efforts, we have an opportunity to help Congress get it right.

By continuing AOA's leadership in contact lens legislation, we are working to solve a serious problem, and protect our patients' health.

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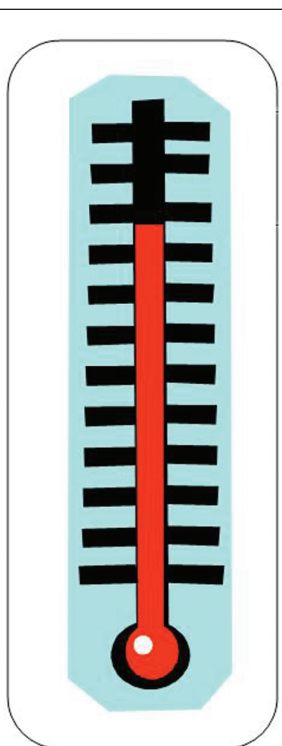
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AOA HIPAA Privacy Manual Form 13A represents the type of form that can be used in patient agency requests. It can be downloaded at www.aoa.org/hipaa.xml.

A link directly to the sample document can be found on the home page of the AOA Web site.

Rep. Boozman running for 4th term

U.S. Rep. John Boozman, O.D., is running for re-election for the Third Congressional District of Arkansas.

Rep. Boozman, a Republican, is currently serving his third term in Congress.

Rep. Boozman will face Democrat Woodrow Anderson in the general election on Nov. 7. Last year, Rep. Boozman was the driving force behind the decorative contact lens legislation.

"It closed a loophole in the FDA regulations that allowed contact lenses to be regulated the same way as lipstick. Because it was defined as a cosmetic device, it could be sold in flea markets and salons. There was a spike in

infections because there was no one there to tell those who were buying them how to properly care for the lenses. We took care of this problem by getting them regulated as medical devices," he said.

Rep. Boozman is only the fourth OD to serve in Congress and is the only one currently serving.

Rep. Boozman serves on three House committees: Veterans Affairs, Transportation & Infrastructure and International Relations.

"In the next term, we will be working very hard on trying to revamp the Medicare payment schedule," he said. "Providers are faced with a four percent cut, which is what the formula is spitting

out. We need a new payment plan to at least give providers what they got before, if not more when you adjust for inflation."

"We need to support funding in medical research. We need to find cures for various eye ailments and other diseases," he said.

Rep. Boozman graduated from the Southern College of Optometry in 1977 and began private practice in Rogers, AR. He is a member of the congressional Glaucoma Caucus and the Vision Caucus.

"I have a close relationship with Arkansas optometrists as well as optometrists around the country. I'm working hard to represent health care and optometry. Optometry plays a large

role at the state and national levels and is helpful at getting important things pushed through."

For information or contribute to his campaign, visit www.boozmanforcongress.com.



U.S. Rep. John Boozman, O.D., meets with AOA Trustee Dori Carlson, O.D., at the AOA Congressional Advocacy Conference earlier this year.

CL 'proof of agency' forms online

AOA members who wish to ensure they are responding properly to requests for contact lens prescriptions can find forms, useful for contacting the patient to establish "proof of agency," are on the AOA Web site, according to the AOA Office of Counsel.

As reported in the Sept. 19 *AOA News*, at least one major online contact lens retailer has begun asking eye care practitioners to provide complete copies of patients' contact lens prescriptions.

These requests for complete prescriptions are distinct from the contact lens prescription verification requests that most practices have become used to receiving from contact lens retailers under terms of the *Fairness to Contact Lens Consumers Act* (FCLCA).

There are two rele-

vant prongs to the FCLCA: 1) a regular prescription verification request – a route in which a contact lens seller provides required information about the patient and the prescription, and which triggers an eight-business hour time frame in which to respond; and 2) a claim to be a patient's agent, a route that entitles the patient's agent to a copy of the patient's actual prescription, but does not trigger an eight business-hour time frame in which to respond.

Under the second patient's agent route, the patient's agent need not provide the information required for a normal verification request, but the doctor cannot just assume the agency is valid without some validation by the patient of the legitimacy of the agency relationship.

This is safely accomplished by the patient providing a release that

complies with the *Health Insurance Portability and Accountability Act of 1996* (HIPAA), appropriately designating the person or seller as the patient's agent.

Conversely, no such HIPAA release is needed, or can be required, under the first route, the normal prescription verification route.

The AOA Office of Counsel emphasizes that in order to ensure compliance with both the FCLCA and the HIPAA Privacy Rule, health care practitioners must establish that any party requesting a copy of a prescription on behalf of a patient, by providing nothing more than the patient's name and address, is genuinely acting as an authorized "agent" for the patient.

Again, this is not necessary with a normal prescription verification request, because there the seller is providing

much more information (described under HIPAA as "Protected Health Information") pursuant to the requirements of the FCLCA.

Do not confuse a verification request with a claim of agency – they are two very different things under the FCLCA and optometrists need to treat each one appropriately.

Written requests should be sent to both the retailer and the patient in question asking for proof of agency, before any prescription is released, the AOA Office of Counsel continued.

Either party may supply a HIPAA-compliant authorization from the patient.

If requesting an agency document from the seller, AOA advises simply asking for the document, which the seller should already have in its possession.

The optometrist does not have to supply a form for the seller's use.



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More than a dozen ODs in bids for state houses

More than a dozen optometrists or candidates closely related to the profession are up for election Nov. 7.

Supporting and electing these candidates affords optometry the chance to have a voice when important decisions are made on patient access, prescriptive authority, provider discrimination, scope of practice, children's vision and other important issues at the state level.

The following candidates are running for state office this year:

❖ **James McClendon, Jr., O.D., of Alabama**, is running unopposed for re-election as a Republican in the state House.

❖ **Jeff Gonnason, O.D., of Alaska**, ran unopposed for the state House in the primary as a Republican, but will face Democratic incum-

bent Harry Crawford in the general election. He lost the election to Crawford in 2004 by 55 votes, which was a strong showing against an incumbent. For more information or to contribute to his campaign, visit www.gonnason.com.

❖ **Ed Hernandez, O.D., of California**, defeated the spouse of a term-limited incumbent



by eight percentage points in the primary election to become the Democratic nominee for the state Assembly District 57 seat. There is a 16-point registration differential between Democrats and

Republicans in that district, making his election likely. He would be the first optometrist seated in the California legislature in four decades. For more information or to contribute to his campaign, visit <http://edhernandez4assembly.com/>.

❖ **J. David Crum, O.D., of Kansas**, is running for the 77th House District seat.

❖ **Jim Morrison, O.D., of Kansas**, is running for re-election in the 121st House District as a Republican. He is the

chair of the Health and Human Services Committee.

❖ **Richard J. Ball, O.D., of Michigan**, is running for re-election as a Republican in Michigan's 85th House of Representatives District. Dr. Ball was elected to his first two-year term in the legislature in 2004. He had no primary opposition but will face a Democratic opponent in the November general election. Dr. Ball is vice chair of the House Agriculture Committee.

❖ **Terry M. Swinger, O.D., of Missouri**, is running for re-election in the House and ran unopposed in the primary as a Democrat.

❖ **Steven Tilley, O.D., of Missouri**, is running for re-election in the House and ran unopposed in the primary as a Republican.

❖ **Judson Dexter, O.D., of New Hampshire**, is running for re-election as a Republican in the House.

❖ **Bette Lasky**, who is married to Elliot Lasky,

O.D., is running for re-election as a Democrat in New Hampshire. She is also running to be the Democratic leader of the House. For more information or to make a contribution, e-mail brl1647@aol.com.

❖ **Terry Marquardt, O.D., of New Mexico**, is a Republican running for re-election in the House. Dr. Marquardt was named the state Legislator of the Year by the American Legislative Exchange Council in 1999.

❖ **James Black, O.D., of North Carolina**, is a Democrat running for re-election in the House. He is currently the Speaker of the House.

❖ **Arthur J. Corvese, O.D., of Rhode Island**, is a Democrat running for re-election. He is the deputy speaker of the House.

❖ **Phil Sietstra, O.D., of South Dakota**, is running for the state Senate. For more information or to contribute to his campaign, e-mail psietstra@sio.midco.net.

❖ **Gary L. Odom, Tennessee Optometric Association executive director**, is running unopposed for re-election as a Democrat. He is also running to be the House Democratic majority leader. For more information, visit his Web site at www.GaryOdom.com.

❖ **Monte Olson**, who is married to Lisa Glenn, O.D., Wyoming Optometric Association board member, is running for the House. Contributions can be sent to Box 186, Daniel, WY 83115.

Campaign finance laws vary widely by state. Contact your state association for more information about supporting state campaigns.



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California adopts licensure by endorsement for ODs

California Gov. Arnold Schwarzenegger signed into law SB 579, which sets standards for licensure by endorsement along with other changes to the *Optometry Practice Act*, on Sept. 18.

The bill, introduced by Sen. Sam Aanestad, authorizes the California State Board of Optometry to issue a license to a person who has passed a licensing exam in another state, submits proof of licensure in good standing in every state where he or she holds a license and proof of active practice, defined to be a minimum of 5,000 hours accumulated over five of the seven consecutive years immediately preceding application, and pays an application fee.

The law also gives the board authority to approve an application where the person's time in active practice is less than 5,000 hours during five of the last seven consecutive years if the

person has been displaced by a federally declared emergency and cannot relocate to his or her state of practice within a reasonable time without economic hardship. In addition, in

"Based on the direction of the House of Delegates, establishing licensure by endorsement in all 51 jurisdictions is a high priority for SGRC and the AOA."

such circumstances, the board may also reduce or waive the application fee.

"Both we and the state board decided it was a good time to work on this after Hurricanes Katrina and Rita last year," said Tim Hart, director of Government & External Affairs for the California Optometric Association (COA).

Hart noted that a precedent had also recently been set for licensure by endorsement for dentists that

helped with the timing of the optometry bill.

In addition, the new law will amend existing law that makes it illegal to advertise optometric services as free or without cost.

"One member of the state board was an InfantSEE™ volunteer, and he felt compelled to remove his name from the InfantSEE™ provider list because his name was listed on the site advertising free services," said Hart.

Situations like that will no longer be a problem after the law goes into effect Jan. 1, 2007.

The new restrictions allow for publicizing charitable events such as free eye screenings at schools and health fairs as long as any contin-

gencies, such as requiring the purchase of eyeglasses or contact lenses, are disclosed.

Nearly a dozen inquiries have already been made by optometrists in other states about the new licensing process in California.

For more information, visit www.optometry.ca.gov.

"We applaud the California Optometric Association and the California Board of Optometry for enacting this important piece of legislation," said Steven A. Loomis, O.D., chair of the AOA State Government Relations Center (SGRC). "Based on the direction of the House of Delegates, establishing licensure by endorsement in all 51 jurisdictions is a high priority for SGRC and the AOA."

For information on endorsement, visit www.aoa.org or contact SGRC staff Sherry Cooper at SLCooper@aoa.org.

Elizabeth Chen named president of NECO

Elizabeth Chen, a former CEO of two biotech companies in Massachusetts, has been elected as the sixth president of The New England College of Optometry (NECO).

Frank DiMella, chair of the Board of Trustees, made the announcement Sept. 21.

Chen has held a number of leadership positions in the biotech and pharmaceutical industries for the past 20 years. She was the founding CEO of Marathon Biopharmaceuticals in Hopkinton, MA, and the head of Circe Biomedical in Lexington, MA.

Chen is the first woman and the second non-optometrist to head NECO, the oldest optometry college in the country.

The college, founded in 1894, has over 400

professional graduate students and 140 full-time, part-time and adjunct faculty.

Chen replaces Alan Laird Lewis, O.D., Ph.D., an alumnus of NECO who has served as president since 1999. He announced last year that he planned to return to teaching and research at the college.

Chen, a graduate of both Yale University and The Wharton School at the University of Pennsylvania, is a trustee of the Boston Plan for Excellence and the Boston Latin School Association, a private foundation providing support to her alma mater.

Chen emigrated with her family from Taiwan in 1971 and grew up outside Chinatown in Boston's South End. She currently lives in Lexington, MA.

AOA prominent at annual meeting of National Association of Community Health Centers

For the fourth consecutive year, AOA exhibited at the National Association of Community Health Centers (NACHC) annual meeting.

According to AOA staffer, John Whitener, O.D., MPH, there were numerous requests for assistance in setting up eye care services in community health centers.

"While optometrists such as AOA's Community Health Center Committee Chair Roger Wilson, O.D., have worked more than 20 years in a community health center, only 18 percent of Federally Qualified Community Health Centers provide comprehensive eye care services either in-house or on a contractual basis," said Dr. Whitener.

Health centers deliver preventive and primary care to more than 15 million patients regardless of their ability to pay.

Health centers fund care of their patients with Medicaid, Medicare, CHIP, Early Periodic Screening Diagnosis and Treatment (EPSDT), sliding scale fees and

grants from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

AOA Community Health Center Committee members Lillian Kalaczinski, O.D., and Dr. Wilson provided attendees with detailed information about optometry.

They focused on how a comprehensive eye care program contributes to decreasing disparities in access to eye care and offered health center managers an interactive business model that forecasts operating expenses and revenues of an eye practice.

The opening plenary session featured Jack Dillenberg, DDS, MPH, the dean of the Arizona School of Dentistry and Oral Health at Still University, a nationally recognized name in public health leadership and development.

Dr. Dillenberg spoke on the changing definition of primary care, which is moving from a narrowly focused system to a more comprehensive, interdisciplinary care system. He



Lillian Kalaczinski, O.D., (left) speaks with a community health center staff person at the NACHC meeting.

said community health centers also need to change to a comprehensive, interdisciplinary model.

"Dr. Dillenberg's comments seem to reflect the opinion of community health administrators and providers that I spoke with at the NACHC meeting. Every center is expanding and adding services, including eye care, to their clinics. Now is the time for optometry to become involved in community health work and to take our place in the multidisciplinary health team," said Dr. Kalaczinski, who

practices in a Community Health Center in Grand Rapids, MI.

"Optometry has a great opportunity to collaborate with community health centers in adding eye care services. I am hopeful that new graduates and state optometric societies will recognize this as a new career path for those ODs interested in community health. Health centers are hiring ODs and they offer competitive salaries and benefits," said Dr. Wilson, vice president/chief operating officer, New England Eye Institute.

AOA formally agrees to work with community health centers

AOA, the National Association of Community Health Centers, the Massachusetts League of Community Health Centers and the New England Eye Institute recently signed a letter of agreement to lead an effort to secure funding to underwrite the costs of a needs assessment study for eye care services at community health centers.

The organizations also will develop a collaborative strategy to respond to the results of the needs assessment study.

The AOA Community Health Center (CHC) Committee has been working since April 2006 to produce this letter of agreement.

"All the organizations in this consortium support

access to high-quality, comprehensive and affordable eye and vision care for medically underserved populations in community health centers," according to Roger Wilson, O.D., chair of AOA's Community Health Center Committee.

The AOA Community Health Center Committee was approved as a standing AOA Committee by the AOA Board in the fall of 2005.

Optometrists interested in more information on optometry at community health centers should contact AOA-CHC Chair Roger Wilson, O.D., at wilsonr@neco.edu or contact AOA Assistant Director of Federal Relations John Whitener, O.D., MPH, at (800) 365-2219, ext. 4284.

Optometrist awarded UN-backed refugee-assistance prize

A Japanese optometrist who has provided vision services to over 100,000 uprooted people around the world over the course of more than two decades will be awarded the United Nation's top prize for assistance of refugees.



The 2006 Nansen Refugee Award Committee found that Dr. Akio Kanai, chairman and chief executive officer of Fuji Optical, based in Japan's northern island of Hokkaido, had "rendered exceptional service to the refugee cause" for his dedication to easing the plight of refugees in Nepal, Thailand, Azerbaijan and Armenia by testing their eyes and providing them with more than 108,200 pairs of glasses, the UN High Commissioner for Refugees (UNHCR) said.

The prize includes a \$100,000 grant from Norway and Switzerland for a refugee-related project of the winner's choice and is scheduled to be presented in October during the annual gathering in Geneva of UNHCR's governing Executive Committee.

"Tens of thousands of displaced people living in extremely difficult circumstances have been given a new outlook on life thanks to Dr. Kanai," High Commissioner António Guterres said. "The gift of sight is precious. Restoring it makes a huge difference in individual lives, making learning possible for children and adults and pulling them back from the fringes of marginalization."

Dr. Kanai, himself forcibly displaced from the northern Pacific island of Sakhalin at the end of World War II, started his humanitarian work in 1983 in Thailand with Indochinese refugees, many of whom had lost or broken their glasses while fleeing. Many were undergoing courses ahead of being resettled and needed glasses to study.



Letters

Editor:

I recently had the opportunity to attend a legislative subcommittee hearing in Washington, DC. To say the least, it was a very educational experience for me.

Over the years, I have been involved with the AOA on many levels, but I never really had a chance to witness firsthand what they do on behalf of all optometrists. I'd like to reassure our members that we have a great team at AOA watching over any issues which may affect our ability to care for patients.

The hearing I attended was for a recently introduced contact lens bill, HR 5762, which would add to the current *Fairness to Contact Lens Consumer Act*.

The amount of time and expertise given to this issue by AOA was nothing less than incredible. Jon Hymes and his staff at AOA were amazing at how well they know the system in Washington, and how things get accomplished. It's far more complicated than I ever realized.

On many levels, one has to be prepared for any number of regulatory and legislative changes which could have a direct effect on how we practice. I'm confident that our team at AOA is diligently monitoring and influencing those situations, and continue to be great advocates on our behalf.

I'd like to encourage all our members to take time to get involved with their state associations and the AOA in any capacity possible. The future of our profession and the care we're able to provide our patients depend on it.

Also, please consider contributing to the AOA-PAC. They are our voice in Washington.

Steven S. Wolfe, O.D.
Omaha, NE

AOA offers free Diabetes Month materials

November is Diabetes Month. AOA offers members materials free-of-charge.

The materials will assist members in educating their patients and communities about the seriousness of the disease.

Contents include: two pads of two-sided patient information (in quantities of 50), a news release for use with local print, television, and radio stations, "Sight for Life," the community-education PowerPoint presentation recently developed by the Public Health and Disease Prevention Committee; and a quantity of vision simulator cards and diabetes "Health Information" wallet cards in English and Spanish.

AOA endeavors to increase awareness regarding the importance of regular, dilated eye exams for individuals who have diabetes or are at high risk.

Members can request a kit by sending an e-mail to publicrelations@aoa.org.

Cohen Named GWCO OD of the Year

Stephen M. Cohen, O.D., of Scottsdale, AZ, has been named the Great Western Council of Optometry's 2006 Optometrist of the Year.

The award recognizes Dr. Cohen's outstanding service to the public and the profession of optometry. The awards will be presented during the 2006 GWCO

Congress in Portland, OR, this month, at the Doubletree Lloyd Center and Oregon Convention Center.

The Great Western Council of Optometry is an 11-state regional association of more than 10,000 optometrists.

Dr. Cohen served as president of the Scottsdale-North Rotary Club, president of the

Desert Foothills Community Theater, and vice president of the Phoenix Children's Hospital Community Outreach Program.

Dr. Cohen served as president of the Arizona Optometric Association in 2001 and has served as legislative chair.

He serves on the Board of Directors of the Arizona Optometric

Charitable Foundation, serving the vision needs of the underserved.

In 2005, Dr. Cohen was the Arizona Optometric Association OD of the Year. In 2003, Dr. Cohen was recognized nationally for his contribution to his patients and community as one of six doctors to be given the VSP "People First" Award.

AOA awards first Seal of Acceptance for sports eye protectors

The AOA Commission on Ophthalmic Standards awarded the first Seal of Acceptance in the "Eye Protectors for Selected Sports" category to several Liberty Sport products.

Liberty Maxx-20, Maxx-21, Maxx-30, and Maxx-31 passed the necessary test procedures and met the requirements for the Seal of Acceptance in the category.

"The entire Liberty Sport organization is most pleased to be the first company to receive the AOA Seal of Acceptance for eye protectors for selected



sports," said Paul Berman, O.D., director of Professional Relations and Education for Liberty Sport. "Oftentimes, it is very confusing for the eye care professional, as well as the consumer, to identify the appropriate eyewear. We are proud that our sports frames can now display the AOA Seal of Acceptance showing that they have passed the rigorous (ASTM F803) testing."

The commission uses the current ASTM F803 Standard Specification for Eye Protectors for Selected Sports to determine if product specifications meet the requirements. The standards are available at <http://webstore.ansi.org>.

NAPOO honors memory of 2



The ODs representing optometry at the National Academies of Practice annual meeting recently honored two members who "left optometry with a significant loss due to their passing... and were founding members of the National Academy of Practice in Optometry." W. David Sullins, Jr., O.D., and William Ludlam, O.D., were honored with contributions from NAPO to their alma maters, Southern College of Optometry and Pacific University. Above, from left are Norman Haffner, O.D., Ph.D., William Cochran, O.D., of SCO; William Padula, O.D., chair of NAPO, and Richard Hopping, O.D.

AOA Insurance Committee sheds light on Limited Benefit Medical Plans: "Mini-meds"

The latest offering in health insurance is a group of health insurance plans collectively known as "Mini-meds." These plans offer limited benefits for less cost than traditional managed care plans and may cover a particular segment of the population – such as young adults or low-wage, high-turnover employees.

Traditional plans cannot meet all health benefit needs. For the employer, there is cost and the need for a high participation rate. Administering the plan is labor-intensive. Low-wage employees with limited income may not be able to afford traditional health insurance and may not be eligible because they could leave the job before the end of the required waiting period.

Most childless adults cannot qualify for Medicaid despite low or no income, which leaves them without health care. A recent report by *60 Minutes* disclosed that half of all personal bankruptcies are due to medical bills. Kaiser Permanente research has shown that having health insurance improves overall health and decreases mortality by 10 to 15 percent. Further research indicates that preventive care and early intervention decrease costs and increases retention (46 percent with health insurance versus 36 percent without health insurance).

Mini-med plans are designed to offer a \$1,000 or \$2,000 maximum benefit, immediate availability, first-dollar coverage, and complete outpatient coverage with limited in-patient coverage. In part, this is based on two factors: 60 percent of subscribers use less than \$1,000 a year in medical services and the plans must be affordable for entry-level workers. Immediate and first-dollar coverage make plans attractive to a highly mobile, low-wage population. Currently, most are group plans, although some individual plans exist.

An insurer can offer a limited benefit in many ways. One example is a "young person's" insurance. Premiums run from \$96 to \$134 a month depending on the benefits desired and whether the individual picks the plan for a "thrill-seeker" or a "calculated

risk-taker." The plan covers medical, dental and vision expenses. For a relatively young and healthy single person, this plan could be ideal.

Another example is that of a hospital/surgical plan that functions as a Mini-med. It covers in-patient hospitalizations and outpatient surgeries only. Another plan covers family physician visits, wellness visits, and generic drugs, while all other services are covered at 50 percent.

The Mini-meds reduce premiums by reducing the services. The subscriber must estimate, in advance, what types of services he or she will need. Unlike traditional managed care, not all services are covered, and those that are have limits.

Traditional health insurance and Mini-meds appear to be merging. Some plans now have higher benefit limits - \$5,000 – for higher premiums. These plans cover the needs of most subscribers, but do not pay for expensive care such as transplants or newer, very expensive cancer treatments.

There are also "hybrid" plans that offer \$30,000 to \$50,000 in benefits, but with this level of benefit traditional underwriting criteria and controls are used. Still, by offering products that cover what most subscribers need, at an affordable price, all these plans are gaining popularity. Most emphasize disease prevention and early treatment. At the early stages of a disease, treatment is relatively cheap, but as it progresses, treatment becomes more expensive.

Only a few years ago, with premiums skyrocketing, companies and insurers both wondered how to provide coverage to those who needed it. The future should bring more changes as the market adjusts to both the needs of the public and the ability of the public to pay for needed health care.

Additional information can be obtained from Tom Weaver at TWeaver@aoa.org or (703) 837-1343.

Optometry offers eye assessments at Veterans of Foreign Wars' national convention

During the 107th Veterans of Foreign Wars (VFW) National Convention in Reno, NV, Aug. 26-31, more than 9,000 delegates to the national meeting of the nation's largest veteran's organization had the opportunity to learn firsthand about eye and vision care.

Members of the AOA's Professional Relations Committee and optometrists from the Northern Nevada Optometric Society, as well as doctors from the Reno VA facility, offered eye health and vision assessments to all convention attendees.

In all, 400 patients were seen in a special AOA examining room staffed by volunteer optometrists, optometric interns, optometrists from the medical center in Reno, and AOA staff during the five-day event. The eye exami-

nations were offered as part of a veteran's health fair that is a featured part of the annual convention.

The Reno VFW Convention marked the third at which volunteer optometrists have offered complimentary eye examinations.

The VFW convention represents the largest gathering of veterans in the nation each year.

In addition to assessing hundreds of veterans for eye health care and vision problems, the effort at the annual meeting of the 1.8 million-member organization represents an important outreach effort, demonstrating the importance of regular comprehensive eye care to generations of aging veterans and other segments of the aging population, according to Kelly Hipp, AOA director of



Troy Humphries, O.D., of Family Eye Care Associates in Sparks, NV, reviews a patient's chart before performing slit lamp biomicroscopy.

Professional Relations.

"AOA would especially like to thank the doctors of the Northern Nevada Optometric Society, particularly, Doug Devries, O.D., for his hard work in securing ODs and interns to aid in this worthwhile event,"

Hipp said.

"A special thanks also goes to Marla Plecha, O.D., at the VA Medical Center in Reno for providing the equipment for this event."

The VFW will hold its 2007 annual meeting in Kansas City, MO.

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Fall frame fashions make waves



Costa Del Mar, a leader in performance sunglasses for water enthusiasts, featured its 2007 collection theme around the Galapagos Islands. At Vision Expo West in Las Vegas, Costa Del Mar announced the launch of the first-ever high performance sunglasses designed exclusively for women. Shown is style Vela, which is a term Caribbean fishermen use for sailfish. For more information, visit www.costadelmar.com.



Luxottica's Dolce & Gabbana brand is designed to be innovative and anti-conventional, underlining an instinct for sports and having fun. Shown is style 8008, an oversized mask. The wrap-around style features a plastic frame and a cut logo on the upper arm, traced out in tiny metal studs. It is available in the following colors: black, purple, dark green, red, white and blue.

The 2006 Nautica eyewear collection is designed for an adventurous and spirited lifestyle. Shown is the Marksman, a new spin on the classic shooting sun-glass with polarized lenses and spring hinges. Offered in three colors: black, silver and gunmetal.



Framescape designed a completely screwless frame collection with interchangeable parts. The hinge design, shown at right, provides a comfortable flex and releases safely under excessive stress. It snaps easily back into place. The frames are available in a wide variety of styles and colors, including style 2002 shown below. For more information, visit www.framescape.com.



REM Eyewear designs stylish fit

REM Eyewear Creative Director and Vice President of Design Blake Kuwahara, O.D., and fashion designer Carolina Herrera are shown together during fashion week in New York.

For the Carolina Herrera eyewear collection, which is represented by REM division Base Curve, Dr. Kuwahara created exclusive looks including a style entirely covered in lace.

REM also recently announced the release of three new styles in the Jones New York collection. Shown is style J423, a modified metal oval. The lenses are back-mounted, making for a more light-weight frame. The multi-laminated temples feature a unique beveling at the center, which then twists

at the tip to reveal a secondary color.

For more information, visit www.rem-eyewear.com.



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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.

Industry Profile: Transitions

Interview with Carole Bratteig, manager, Education and Training, Transitions Optical, Inc.

Transitions Optical, Inc. – maker of the No. 1-recommended photochromic lenses worldwide, Transitions® Lenses – is committed to raising awareness about the dangers of ultraviolet (UV) radiation to the eyes. Over time, this mission has expanded to encompass a global focus on the need for eye protection and “healthy sight.” Born of this idea are the recently introduced concept of “Healthy Sight Counseling” and a range of initiatives to explore factors that can compromise healthy sight, like medications.

AOA News: What is “Healthy Sight Counseling”? **Carole Bratteig:** Transitions defines “healthy sight” as overall quality of everyday vision and the preservation of ocular health for the future. Healthy Sight Counseling adopts the standard medical/ primary care model of treatment and advocates healthy sight through three components: vision care, vision wear and education.

Our Healthy Sight Counseling curriculum was recently recognized by the World Council of Optometry for incorporation into optometry schools. It was authored by several industry experts, including the AOA’s Jeffrey L. Weaver, O.D.

To support the “Healthy Sight Counseling” approach, Transitions provides research, education resources and in-office tools. Most recently, Transitions introduced a clinical review paper, *Ocular Effects Associated with Medications*, and a medications database that will allow eye care professionals to access information on medications that may affect healthy sight.

AOA: Why was the topic of medications chosen and how can eye care professionals educate patients?

CB: Consumers are taking more medications than ever before, making the potential for side effects more likely. Our recent survey revealed that while nearly half of Americans are taking medications, almost a quarter don’t tell their eye doctor. And less than a third know the potential adverse side effects on their eyes.

Recognizing these troubling findings, we decided to centralize available information on this topic for eye care professionals. The Ocular Side Effects Database, launched at the AOA Optometry’s Meeting™, is available at www.transitions.com/medications, and through the AOA Web site.

We’ve also created a toolkit explaining how to incorporate discussion on medications into eye exams and use patient education tools – like the *Sight Line* newsletter and in-office counter card, customizable through the Transitions Online Marketing (TOM) tool– to reinforce the message.

AOA: How can the profession learn more?

CB: A short, in-office workshop is available to show how the Healthy Sight Counseling approach can be incorporated into practice; and a COPE-approved course on medications, authored by Siret D. Jaanus, Ph.D., will be introduced at the Great Western Council of Optometry exhibition in October.

For more information, visit Transitions.com or contact Transitions Optical Customer Service at (800) 848-1506.



Companies combine to design new Drivewear™ lenses

At a joint press conference at Vision Expo West last month, Younger Optics and Transitions Optical unveiled Drivewear™ lenses, the first polarized photochromic lenses to darken behind a car windshield.

“In the industry, it’s hard to find something revolutionary, but this is,” said David Rips, president and CEO of Younger Optics.

In overcast or low light conditions, the lenses change to a green-yellow color, providing high contrast, minimizing glare and maximizing useful light.

In daylight driving conditions, the lenses turn a copper color, which reduces glare and excess light and highlights reds and greens, providing good traffic signal recognition.

When outdoors, the Drivewear™ lenses turn a dark reddish-brown color, providing maximum comfort by filtering excess light.

Drivewear™ lenses combine Transitions Photochromic Technology and NuPolar® polarization.

Drivewear™ is one of several new products that fall under the cate-

gory “Activated by Transitions™,” which designates special purpose tinted lenses that use advanced Transitions photochromic technology, but are not included in the product category of Transitions Lenses®.

Using Activated by Transitions™, advanced dyes in Drivewear™ lenses react to visible light in addition to UV light, allowing the lenses to change color in response to current driving conditions.

NuPolar® technology provides protection from blinding glare.

“These are not just two technologies thrown together, but technologies designed intelligently,” said Rips.

“Drivewear™ is positioned as everyday eyewear,” said Dave Cole, general manager of the Americas, Transitions Optical.

“Those who don’t wear Transitions as everyday lenses don’t know how hard their eyes are working.”

Younger Optics released Drivewear™ lenses Sept. 1 in single-vision resin hardcoating.

For more information, visit www.drivewearlens.com.

Industry News

Essilor expands Varilux product lines

Essilor of America announced the expansion of its Varilux® Physio 360°™ and Varilux Physio™ product lines with new materials at Vision Expo West in Las Vegas.

"Clearly, no product on the market offers your patients the vision benefits of Varilux

Physio 360°," said Mike Daley, president of Essilor Lenses. "Not only will these lenses offer patients the sharpest progressive vision possible to allow them to see near, far and everything in-between with the fewest higher order aberrations, but they are also now available in materi-

als that meet each patient's individual needs."

Beginning in September, the product lines became available in Thin&Lite® 1.60 in clear and, for the first time, in Transitions® lenses. Thin&Lite is now the only 1.60 index material available with three premium brands: Varilux, Crizal®, and Transitions Lenses.

Starting in October, the products will be available in Airwear® Polarized material, allowing patients to have the clarity of W.A.V.E. Technology™

with UV protection and the comfort of a Polarized lens, according to Essilor. Airwear carries the AOA Seal of Acceptance for Ultraviolet Absorbers/Blockers.

In December, Varilux Physio 360° and Varilux Physio will be available in Thin&Lite 1.74. Thin&Lite 1.74 is the thinnest, flattest lens available, according to Essilor.

For more information, visit www.varilux.com.



Shamir relaunches premier PAL

Shamir Insight, Inc. announced a relaunch of its premium progressive lens Creation at Vision Expo West in Las Vegas on Sept. 14.

"Our mission and vision is to have the best technology at any time," said Raanan Naftalovich, Shamir CEO.

"Launching Creation was a very exciting step for us. We knew it would be a hit with both the ECPs and patients. Creation represents the next level in premium progressive lenses. It provides an aesthetic appeal with an advanced technological design, resulting in a flatter surface allowing for higher resolution," Naftalovich said.

The Creation lens is developed with patent-

ed Freeform Optics™ that use digital molds, which allows them to produce a lens that has six times better resolution than leading competitors, according to Shamir.

Creation features an extended base curve selection that produces a lens that is 40 percent flatter than standard progressive addition lenses.

"Creations' success reinforces our commitment to offer superior designed lenses," said Carmen Renschler, vice president of sales. "The feedback received from ECPs regarding their patients' ease of adjusting to the new lens has been phenomenal."

For more information, visit www.shamir-lens.com.



Amy Sacks Eyewear and Accessories announced the addition of new eyewear jewelry and cases to its collection of reading glasses, sun readers and sunglasses. The new jewelry includes necklaces designed with frosted glass, natural river stones and "beaded beads," which are tiny seed beads woven together. The necklaces can be worn alone or as an accessory to hang and hold eyewear. For more information, visit www.amysacks.com.

EMRlogic enhances appeal of software

EMRlogic made several announcements regarding its OD Professional™ practice management software and other industry leaders at Vision Expo West in September.

❖ EMRlogic and Acumenex announced a joint effort to create an integration platform between OD Professional and LensPort, a consumer contact lens portal.

"Retailers and independent optometrists are losing significant volumes of contact lens reorders to online marketers," said Matt Whitney,

Acumenex.com president. "LensPort is a Web-based solution for automating patient order input, prescription verification, billing and fulfillment. It enables traditional retailers and eye care professionals to drive patient online reordering through their businesses, rather than losing that revenue to online retailers." For more information, visit www.acumenex.com.

❖ EMRlogic and Eyefinity also announced the release of OD Professional's interface for VSP claims submissions. OD Professional users can now electroni-

cally submit VSP claims and lab orders, along with non-VSP insurance claims. For more information, visit www.eyefinity.com.

❖ EMRlogic provided information about Kellner-CCOM and SurePractice data conversion into OD Professional. The highly automated conversion now allows for a seamless transition to a premier high-end solution, according to EMRlogic.

For more information about the practice management software, visit www.odprofessional.com.



Shamir leadership announced the relaunch of Creation at Vision Expo West. From left, Vice President of Marketing Matt Lytle, Vice President of Sales Carmen Renschler, CEO Raanan Naftalovich and President Hilaire van der Veen.



Meetings

For more meetings information, visit www.AOANews.org.

To submit an item, send a note to EventCalendar@aoa.org

October

GREAT WESTERN COUNCIL OF OPTOMETRY ANNUAL CONGRESS
Oct. 19-22, 2006
Doubletree/Oregon Convention Center, Portland
Marti L. Wangen, CAE
406/443-1160
2006congress@gwco.org
www.gwco.org

NEBRASKA OPTOMETRIC ASSOCIATION, INC. ANNUAL MEETING
Oct. 20-22, 2006
Kearney, NE
402/474-7716
FAX: 402/476-6547
noa@assocoffice.net

NEW ENGLAND PROFESSIONAL CONFERENCES
Fall Optometric Seminar
Oct. 22, 2006
Marlboro, MA
Janet Swartz
978/470-3500
nepc@comcast.net
www.neconferences.com

OREGON OPTOMETRIC PHYSICIANS ASSOCIATION AOT Injectables Course
Oct. 18, 2006
Lloyd Center Doubletree, Portland, Lynne Olson
503/654-5036
FAX: 503/659-4189
oopa@assomgt.com
www.oregonoptometry.org

COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT 36th COVD ANNUAL MEETING
Oct. 24-28, 2006
Pointe Hilton at Squaw Peak, Phoenix, AZ
330-995-0718
info@covd.org
www.covd.org

INTERNATIONAL LIGHT ASSOCIATION ANNUAL MEETING, Oct. 16-22, 2006
Heidelberg, Germany
<http://www.international-light-association.org>
Dr. Jennifer Breiling,
800/814-3369

NORTH DAKOTA OPTOMETRIC ASSOCIATION, Oct. 26-28, 2006
Doublewood Inn
Bismarck, ND
701-258-6766
ndoa@btinet.net
www.ndeyecare.info

ARKANSAS OPTOMETRIC ASSOCIATION
Oct. 26-29,
Eureka Springs
Jennifer Martinez,
501-661-7675
aroapt@swbell.net
www.arkansasoptometric.org

ALABAMA OPTOMETRIC ASSOCIATION, INC.
Oct. 27-29, 2006
The Wynfrey Hotel,
Birmingham, AL
optometry@alaopt.com

BAY POINT ANTERIOR SEGMENT SYMPOSIUM,
Doubletree Hotel, Orlando,
Oct. 27-29 Joseph F. Molinari, O.D., M.Ed
850 878-0191 x 2169 or
joseph.molinari@med.va.gov

NEW HAMPSHIRE OPTOMETRIC ASSOCIATION,
Oct. 27-29, 2006
Bartlett, NH
www.nheyedoctors.org

November

LIGHTHOUSE INTERNATIONAL LV11 – Pediatric Low Vision Care, Nov. 2-3, 2006
New York, NY 212/821-9487
cczeto@lighthouse.org
www.lighthouse.org/ce

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, Nov. 4-8,
Boston, MA
www.apha.org

OEP CLINICAL CURRICULUM EXAMINING INFANTS AND CHILDREN THROUGH AGE 3, Nov. 4-5, Grand Rapids, MI
800/447-0370
www.babousa.org

NORTHEASTERN STATE UNIVERSITY OKLAHOMA COLLEGE OF OPTOMETRY PRIMARY CARE UPDATE
Nov. 4, 2006
Tahlequah, OK
918/456-5511, ext. 4033;
mccormil@nsuok.edu
www.optometry.nsuok.edu

NEW ENGLAND PROFESSIONAL CONFERENCES FALL OPTOMETRIC SEMINAR
Nov. 5, Manchester, NH
Janet Swartz
978/470-3500 or
877/825-2020
nepc@comcast.net
www.neconferences.com

HAWAII OPTOMETRIC ASSOCIATION
Nov. 5-8, 2006
Big Island at Waiakoloa
www.hawaiioptometry.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION ANNUAL CONGRESS
Nov. 9-12, 2006
Charleston Marriott Hotel & Charleston Civic Center
(304) 345-4710
RPrice0851@aol.com
www.wvoa.com

OEP CLINICAL CURRICULUM VT/LEARNING RELATED VISUAL PROBLEMS,
Nov. 9-12, 2006
Phoenix, AZ
Theresa Krejci
800/447 0370
www.babousa.org

CALIFORNIA OPTOMETRIC ASSOCIATION MONTEREY SYMPOSIUM (formerly known as the Fall Symposium)
Nov. 10-12, 2006
Monterey Marriott Hotel & Convention Center,
Tamalton Littlefield
800/877-5738, ext. 228

NORTH CAROLINA STATE OPTOMETRIC SOCIETY FALL EDUCATION CONGRESS
Nov. 10-12, 2006
Grove Park Inn, Asheville, NC
252/237-6197
FAX: 252/237-9233
nceyecare@aol.com

MARYLAND OPTOMETRIC ASSOCIATION, INC. 2006 CONVENTION AND CONTINUING EDUCATION FORUM
Nov. 11-12, 2006
Hyatt Regency, Baltimore, MD
410 727-7800
www.marylandeyes.com

AMERICAN ACADEMY OF OPHTHALMOLOGY
Nov. 11-14, Las Vegas, NV

NEW YORK STATE SOCIETY OF OPTICIANS (NYSSO) AND THE OPTICIANS ASSOCIATIONS OF NEW JERSEY (OANJ) A JOINT NEW YORK AND NEW JERSEY CONTINUING EDUCATION SEMINAR
Nov. 15, 2006
Dave & Buster's at Palisades Center, West Nyack, NY
518/426-0599
nysso@caphill.com
www.nysso.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION GLAUCOMA UPDATE 2006
Nov. 19, 2006
Harrisburg/Hershey, PA
Ilene K. Sauertieg
717/233-6455
Ilene@poaeyes.org

SOUTH CAROLINA OPTOMETRIC ASSOCIATION,
Nov. 30-Dec. 1, 2006
Hilton Head, SC
803-799-6721 or 800-868-0377 FAX 803-799-2305
E-mail: optichk1@aol.com
www.sc-eyecare.org/

December

MAINE OPTOMETRIC ASSOCIATION, INC.
Dec. 1-3, 2006
Freeport, ME
www.maineeyedoctors.com

OEP CLINICAL CURRICULUM VT/VISUAL DYSFUNCTIONS
Dec. 1-5, 2006
Grand Rapids, MI
Theresa Krejci
800/447-0370
www.babousa.org

LIGHTHOUSE INTERNATIONAL LV01A –LOW VISION MANAGEMENT OF AMD: A PRACTICAL APPROACH
Dec. 6, 2006
Denver, CO
Cathy Czeto
212/821-9487
FAX: 212/821-9781
cczeto@lighthouse.org
www.lighthouse.org/cE

AMERICAN ACADEMY OF OPTOMETRY
December 7-10, 2006
Denver, CO
<http://www.aaopt.org/>

January

EYE CARE ASSOCIATES, INC. ANNUAL MEETING AND CE
Jan. 13-14, 2007
Williamsburg Marriott
757/596-5666
wwaldron@erols.com

BROWARD COUNTY OPTOMETRIC ASSOCIATION GOLD COAST EDUCATIONAL RETREAT
Jan. 20-21, 2007
Hyatt/Pier 66 Hotel, Ft. Lauderdale, FL
800/808-5018;
772/485-3274
bcoa@browardeyes.org
www.browardeyes.org

PRESIDENTS' COUNCIL
January 25-27, 2007
St. Louis, MO

AEA CRUISE SEMINARS – Classic Southern Caribbean
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Crown Princess
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aeacruises.aol.com
www.optometriccruiseseminars.com

ARIZONA OPTOMETRIC ASSOCIATION
33rd Annual Invitational Bronstein Contact Lens Seminar
Jan. 26-28, 2007
Chaparral Suites Hotel,
Scottsdale, Arizona
Jane Lynch
602/279-0055
FAX: 602/264-6356
jane@azoa.org

CONNECTICUT ASSOCIATION OF OPTOMETRISTS
Jan. 28-29, 2007
Mohegan Sun Casino,
Uncasville, CT
Debra Toupence
dtoupence@cteyes.org

February

MINNESOTA OPTOMETRIC ASSOCIATION, INC.
February 1-3, 2007
Brooklyn Park, MN

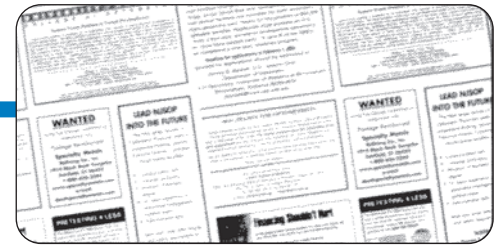
AEA CRUISE SEMINARS – Western Caribbean
Feb. 3-10, 2007
Star Princess
Dr. Mark Rosanova
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

HEART OF AMERICA CONTACT LENS SOCIETY CONTACT LENS AND PRIMARY CARE CONGRESS,
Feb. 16-18, 2007. Hyatt Regency Crown Center,
Kansas City, MO.
www.hoacsls.org
registration@hoacsls.org or
316/681-0991

AEA CRUISE SEMINARS – South America
February 12-24, 2007
Golden Princess
Dr. Mark Rosanova, President
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

107TH TEXAS OPTOMETRIC ASSOCIATION ANNUAL MEETING
Feb. 15-18, 2007
Renaissance Austin Hotel,
Austin, TX
512/707-2020
<http://texas.optometry.net>

SECO
Feb. 21-25, 2007
Atlanta, GA
www.secointernational.com



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The Dean serves as the chief academic officer of the college and is charged to develop a contemporary educational program, graduating a comprehensive family-practice optometrist with particular strengths in neuro-optometry to serve the increasing public need for those with developmental impairments, brain disorders and trauma, and the visual consequences of aging.

Candidates must show skills in leadership, be attuned to future trends in optometry, and be proactive in identifying program, research and clinical opportunities.

The ideal candidate will have an O.D. degree, or the equivalent, and have strong skills in program development. The Dean, as an advocate for the college and faculty, must provide positive change and be committed to advancing the unique role of Western University in optometric education.

Founded in 1977, Western U is a non-profit, graduate university for the health professions. The campus is located on 25 acres in historic downtown Pomona, California. Western U has over 2000 students who are studying toward degrees in osteopathic medicine, pharmacy, graduate nursing, physical therapy, physician assistant studies, health professions education and veterinary medicine. Programs in dentistry and podiatry are now under development. The new College of Optometry will be embedded within a rich milieu of health professions dedicated to innovative education and multi-disciplinary health care.

Candidates must submit a letter of interest, a comprehensive Curriculum Vitae and professional reference information with the e-mail addresses of at least four references.

Review of applications will begin immediately and continue until an appointment is made. The effective date of the appointment is July 1, 2007.

Please send applications to:

Dr. Benjamin L. Cohen
Executive Vice President for Academic Affairs/Chief Operating Officer
309 E. Second Street
Pomona, California 91766-1854
www.westernu.edu

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**Jimmy D. Bartlett, O.D., Sc.D., Chair,
Department of Optometry,
School of Optometry,
1716 University Blvd., University of Alabama at Birmingham,
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Western Caribbean, 2/3/2007 – 2/10/2007, *Star Princess*. Ft. Lauderdale, Montego Bay, Grand Cayman, Cozumel, Princess Cays, Ft. Lauderdale. Cruise fares from \$749.

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South America, 2/12/2007 – 2/24/2007, *Golden Princess*. Buenos Aires, Montevideo, Falkland Islands, Cape Horn, Ushuaia, Punta Arenas, Chilean Fjords, Puerto Montt, Santiago. Cruise fares from \$1745. **Speaker: Dr. Janet Betchkal**

Hawaii, 2/17/2007-2/24/2007, *NCL Pride of America*. Honolulu, Hilo, Mt. Kilauea, Kahului, Kona, Nawiliwili, Honolulu. Cruise fares from \$1054.

A Touch of Colonial Spain, 3/19/07-3/26/07, *Silver Wind*. San Juan, Iles Des Saintes, Bridgetown, Bequia/ St Vincent/ The Grenadines, Antigua, Virgin Gorda, San Juan. Silversea – Luxurious ships, all suites, all inclusive. Fares from \$2400.

Gulf of Alaska, 6/30/2007 - 7/7/2007, *Sapphire Princess*. Vancouver, Ketchikan, Juneau, Skagway, Glacier Bay Scenic Cruising, College Fjord Scenic Cruising, Anchorage (Whittier). Cruise fares from \$949.

Mediterranean Adventurer, 7/21/07-8/4/07, *Sea Princess*. London (Southampton), Vigo, Lisbon, Barcelona, Cannes (Monte Carlo), Rome (Civitavecchia), Naples/Capri, Corsica (Ajaccio), Gibraltar, London (Southampton). Cruise fare \$3490.

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- SPQ4- Cataracts
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- SPQ9- Presbyopia
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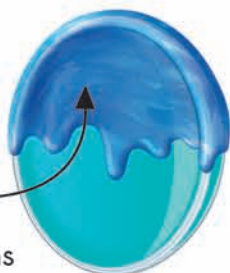
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1. Grus FH, Kramann C, Bozkurt N, et al. Effects of multipurpose contact lens solutions on the protein composition of the tear film. *Cont Lens Anterior Eye*. 2005;28:103-112.